

AGENCY NAME		CONTACT PERSON		TELEPHONE NUMBER	
MS State Board of Registered Professional Geologists		Rick L. Erickson		601-354-6370	
ADDRESS		CITY		STATE	ZIP
P.O. Box 22742		Jackson		MS	39225-2742
EMAIL		SUBMIT			
geology@msbrpg.state.ms.us		DATE 06/20/2011			
Name or number of rule(s): Title 30, Part 101 number of rules being compiled, amended & revised see below					
MS State Board of Registered Professional Geologists Rules and Regulations					

Specific legal authority authorizing the promulgation of rule: 73-63-17(a)

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Rick L. Erickson, Executive Director

Signature of person authorized to file rules: [Signature]

<p>OFFICIAL FILING STAMP</p>	<p>DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p>	<p>OFFICIAL FILING STAMP</p>
<p>Accepted for filing by</p>	<p>Accepted for filing by</p>	<p>Accepted for filing by</p>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.